

ACCIDENT INVESTIGATION REPORT
TOTAL EARTH SERVICES, LLC

REPORT# _____

1. Name of injured: **(b) (6)**
2. Sex (☒)M ()F Age: 24 Date of Accident: 1-10-19
3. Time of Accident: 9:15 A.M. _____ P.M. Day of Accident: _____
4. Employee's Job Title laborer
5. Length of time on current site: Years _____ Months _____ Employment hire date: _____
6. Address of location where the accident occurred: VA Hospital
7. Nature of injury, Injury type, and part of body affected: **(b) (6)**
8. Describe the accident and how it occurred: wall caved in on him
9. Cause of the accident: improper excavation
10. Was personal protection equipment required? (☒)yes () no Was it provided? () yes (☒) no
Was it being used? () yes (☒) no If "NO", explain Harness not on site ETC 1/14/19
Was it being used properly? () yes () no If "No", explain _____
11. Witness(es): **(b) (6)**
12. Safety training current (☒)yes () no If "NO", explain _____
13. Temporary corrective action(s) taken: excavation filled in
14. Permanent corrective action taken to prevent recurrence: excavation filled in
15. Date of report: 1-11-19
Prepared by: **(b) (6)**
Person(s) notified of Accident: **(b) (6)**
- Supervisor (Signature) **(b) (6)** Date: 1-11-19
16. Status and follow up action taken by safety coordinator: _____

Safety Coordinator (Signature) _____ Date: _____

TOTAL EARTH SERVICES, LLC
ACCIDENT/INJURY REPORT

Foreman must complete report and return to the Human Resource Department within 24 hours.

Name: (b) (6) Social Security Number: (b) (6)

Date of Accident: 1-10-19 Birthday: (b) (6)

Time of Accident: 9-9:15 (A.M.) P.M. _____

Place of Accident: Veterans Hospital Gainesville Fla

Witnesses: (if any)

Treatment:

Name: (b) (6) First Aid Given? Yes ✓ No _____

Address: (b) (6) By whom? Paramedics

Hospitalized? Yes ✓ No _____

Phone #: _____ Physician: _____

Nature and extent of injuries: unknown

How did accident/injury occur? (Be specific; use extra sheet if necessary) _____

Job or activity engaged in at time of injury (Be specific): shooting grade in an

excavation

Describe any unsafe conditions, methods or practices related to the accident: _____

Employee Signature

Date

(b) (6)
Foreman's Signature

1-10-19
Date

VA Hospital
Job Name

Gainesville, Fla
Job Location